

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Miami

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

County Registrar No. \_\_\_\_\_

Local Registrar No. 751

No. 6 Miami Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eziquiel Gomez If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 21-1926 Month day year

3. FATHER Full name Severo Gomez

9. Residence (Usual place of abode) Miami If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Mexico (State or country)

13. Occupation miner Nature of industry

14. MOTHER Full maiden name Regasio Guterrez

15. Residence (Usual place of abode) Miami If nonresident, give place and state

16. Color or race Mexican 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Mexico (State or country)

19. Occupation House wife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn.) at 2 a. m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Signature E. J. Fotela (Physician or midwife) Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. Filed Aug 4 1926 Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

579-721-979